

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. VTN-5034-USA-NP First Inventor Roffman et al Title Multifocal Ophthalmic Lenses Express Mail Label No. EV138491426US	22581 U.S. PTO 10/694962 
<b>APPLICATION ELEMENTS</b>  See MPEP Chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages 15] <small>(Preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive Title of the Invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 1] 5. Oath or Declaration [Total Pages 4] <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>            Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. <input type="checkbox"/> Specification Sequence Listing on:             <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul> <b>ACCOMPANYING APPLICATION PARTS</b> <ul style="list-style-type: none"> <li>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li> <li>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney  <small>(when there is an assignee)</small></li> <li>11. <input type="checkbox"/> English Translation Document (if applicable)</li> <li>12. <input checked="" type="checkbox"/> Information Disclosure Statement  <small>(IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</small></li> <li>13. <input type="checkbox"/> Preliminary Amendment</li> <li>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <small>(Should be specifically itemized)</small></li> <li>15. <input type="checkbox"/> Certified Copy of Priority Document(s)  <small>(if foreign priority is claimed)</small></li> <li>16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</li> <li>17. <input checked="" type="checkbox"/> Other – Submission Under MPEP 609D</li> </ul>	
18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: , filed . Prior application information: Examiner Group Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b> <input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>000027777</b> or <input type="checkbox"/> Correspondence Address below Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA			
<b>20. TELEPHONE CONTACT</b> Please direct all telephone calls or telefaxes to Lois A. Gianneschi at: Telephone: (732) 524-6351 Fax: (732) 524-2808			
<b>21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>			
NAME	Lois A. Gianneschi		Reg. No. 35516
SIGNATURE			
DATE	October 28, 2003		

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	Not Yet Assigned
	Filing Date	October 28, 2003
	First Named Inventor	Roffman et al
	Group Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	VTN-5034-USA-NP

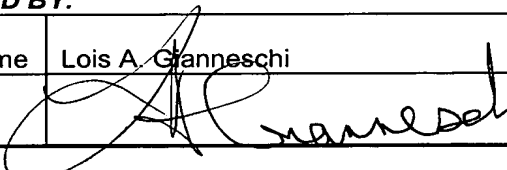
## FEE CALCULATION

### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	12 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	3 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			<b>TOTAL FEES</b>	<b>\$ 750.00</b>

## METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/VTN-5034-USA-NP/LG in the amount of \$750.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/VTN-5034-USA-NP/LG. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Lois A. Granneschi	Reg. No. 35,519
Signature		<b>Deposit Account No. 10-0750</b>
	Date: October 28, 2003	

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Roffman et al

For : Multifocal Ophthalmic Lenses

Express Mail Certificate

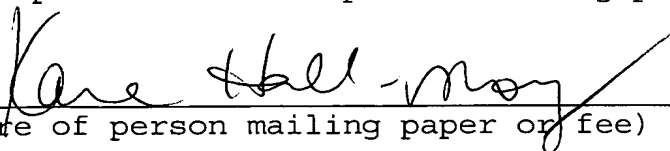
"Express Mail" mailing number: EV138491426US

Date of Deposit: October 28, 2003

I hereby certify that this complete application, including specification pages, claims, drawings, Declaration and Power of Attorney, Information Disclosure Statement and Submission Under MPEP 609D and its references, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Karen Hall-Morgan

(Typed or printed name of person mailing paper or fee)



(Signature of person mailing paper or fee)